

2010 SEP 21 AM 11:42

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) YINKA ABOSEDE ADESHINA		
(b) Address (number and street) 1621 CROSSPOINTE WAY		2. Candidate's FEC Identification Number
(c) City, State, and ZIP Code TALLAHASSEE, FLORIDA 32308		3. Is This Statement <input checked="" type="checkbox"/> New <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRAT	5. Office Sought PRESIDENT	6. State & District of Candidate FLORIDA, LEON COUNTY

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2016** election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) YINKA ABOSEDE ADESHINA FOR U.S. PRESIDENT	
(b) Address (number and street) 1621 CROSSPOINTE WAY	
(c) City, State, and ZIP Code TALLAHASSEE, FLORIDA 32308	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) OPEDLA FOR PRESIDENTIAL CANDIDATE YINKA ABOSEDE ADESHINA	
(b) Address (number and street) 1621 CROSSPOINTE WAY	
(c) City, State, and ZIP Code TALLAHASSEE, FLORIDA 32308	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Yinka Adeshina	Date 9/15/10
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jared

PREPARER

(3/2005)

9/21/10

DATE PREPARED

10030424203